

Attachment A
FY 2010 Challenge Cost Share Program
PROPOSAL

Proposal MUST be emailed or postmarked by February 1, 2010

Send 2 copies of signed proposal to:
Lee Kreutzer
National Trails Intermountain Region
324 South State Street, Ste 200
Salt Lake City, UT 84111

Or email to: lee_kreutzer@nps.gov

1. PROJECT INFORMATION.

Project Title: _____

Estimated Start Date: _____ Estimated Completion Date: _____

2. NPS APPLICANT INFORMATION.

Affected Trail (s): _____

NPS Project Contact: Lee Kreutzer Title: Cultural Resources Specialist, NTIR

Telephone: (801) 741-1012 ext. 118 Fax: (801) 741-1102 E-mail: Lee_Kreutzer@nps.gov

3. PROJECT PARTNERS.

Organization Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Authorized Official: _____ Title: _____

Project Proponent/Manager (if different from Authorized Official): _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Project Fiscal Agent: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Have you entered your DUNS and Tax ID numbers with the Central Contractor's Registry? _____ check if YES

FY 2010 CCSP APPLICATION
(Continued)

4. PROJECT DESCRIPTION. Summarize the proposed project. Discuss the need(s) met, the role of the partner(s), and specific project deliverables or results.

FY 2010 CCSP APPLICATION
(Continued)

5. PROJECT BUDGET SUMMARY. Using the format below, enter the total numbers developed for **Item 12** below. The **Budget Narrative** must clearly document how the totals below were determined.

BUDGET SUMMARY Enter category totals here			
Category	CCSP Funds	Match/Cost Share	Total
1. Personnel	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel and Per Diem	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Equipment	\$	\$	\$
7. Construction/Conservation Materials	\$	\$	\$
8. Other	\$	\$	\$
TOTAL PROJECT COSTS.	\$	\$	\$

6. ROLE OF PARTNER(S)

Will CCSP funds be transferred by NPS to Partner through a Cooperative Agreement? YES ☒ NO ☐

What are the sources of the non-Federal matching share? In the space provided below, list the sources and amounts of the required dollar-for-dollar non-Federal matching share. Is the matching share secured and available? If no, please explain.

7. AUTHORIZED SIGNATURES

An authorized official of the sponsoring organization must sign and date this form signifying his/her support of this proposal.

Signature: _____ Date: _____

Title: _____

The National Trails Intermountain Region Superintendent must sign and date this form signifying his support of this proposal.

Signature: _____ Date: _____

Title: _____

FY 2010 CCSP APPLICATION
(Continued)

8. NEED. In the space provided below, describe the need or needs being addressed (e.g., interpretation, preservation, etc.)

9. PARTNER AND NPS PARTICIPATION. In the space provided below, describe how the partner(s) and the NPS will cooperate in the success of this project. The NPS must have substantial involvement in the project.

10. TARGET AUDIENCE. In the space provided below, describe the target audience affected by this project.
Provide numbers if relevant.

11. TANGIBLE RESULTS. In the space provided below, describe the tangible results or product(s) that will be in place at the end of the project. As appropriate, provide critical numbers as in people trained, copies of publications distributed, resources preserved, etc.

FY 2010 CCSP APPLICATION
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12. PROJECT BUDGET NARRATIVE. Using this budget format, outline the project budget (expand the fields as necessary). Each subtotal entered in **Item 5. Project Budget Summary** must be derived from the information in this section. Each cost item must clearly show how the total charge for that item was determined.

Please note: This budget narrative must include the minimum required match (e.g., if applying for \$20,000 CCSP funds, the budget must show a minimum of \$20,000 non-Federal match provided by partners for a budget totaling \$40,000). Federally appropriated funds **may not** be used for match. All non-Federal matching share must be contributed during the project period, which begins when the cooperative agreement and/or contract is signed by both the National Park Service and the project partner.

1. Personnel. Provide the names and titles of key project personnel. Please note that CCSP funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.

Name/Title of Position	Wage or Salary	CCSP Funds	Match /Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	CCSP Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

3. Consultant Fees. This should include payments for professional and technical consultants participating in the project.

Name and Type of Consultant	# of Days	Daily Rate of Compensation	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
Subtotal			\$	\$	\$

4. Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	CCSP Funds	Match/Cost Share (if any)	Total
					\$	\$	\$
Subtotal					\$	\$	\$

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5. Office Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5,000 or with an estimated useful life of less than two years. Items costing more than that should be listed in the Equipment category (Category 6, below).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$
Subtotal		\$	\$	\$

6. Equipment. List all equipment items in excess of \$5,000. Items worth less than \$5,000 or that have a useful life of less than two years must be listed in the Supplies and Materials category (Category 5, above).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

7. Construction/Conservation Materials.

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

8. Other (specify).

Item	Cost	CCSP Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$